## BRIGHAM CITY RECREATION REGISTRATION FORM FOR

## Machine Pitch Baseball

(1st & 2nd grade)

Participant's	Name:		
Address:			
		Grade:	
Home Phone:	PaPa	arent's Work/Cell Phone:	
Email address	S:		
		ovide any insurance for participants. It is coverage of their own, prior to registration.	
medical or hospital	I care that may be rendered by	on behalf of my child, hereby consent to emergency a physician or hospital. This care may be given under the life, limb, or well being of my dependant.	
* * * * * * *	******	*******	
FEES:	FEES: ****Make Checks Payable to BCC****  \$30.00 Machine Pitch Registration		
<ul><li>\$30.00 Mac</li><li>\$35.00 after</li></ul>	_		
□ Uniform Fe			
		on teams on a first come first served basis*	
* * * * * * *	*****	*******	
inherent risks, part activities beyond hand warning signs outweigh any risk Brigham City Corand/or inherent riresponsibility to ke I further opromotional, exclu	e my child to participate in Bacicularly if my child fails to form is or her abilities. I will spectrum is or her abilities. I will spectrum is or her abilities. I will spectrum is spectrum in the second is a spectrum in the second in the s	ase/Waiver & Consent aseball. I understand Baseball contains certain dangers and ollow written warnings or verbal instructions or engages in cifically look for and instruct my children on these dangers eve that the benefits of my child's participation in Baseball Individually, and on behalf of my child, I agree to release employees from all claims arising from known, reasonable ild's participation. I further understand that it is my ag in any activity beyond his or her abilities.  picture or likeness to appear in any official documentary, in coverage of the Recreation Department in any manner therein, without compensation to me.	
		Date:	
•	rent or Guardian		
• • • • • • • • I would be in	<b>* * * * * * * * * * *</b> * * * * * * * *	• • • • • • • • • • • • • • • • • • • •	
□ Coaching	icrested III.	Name	
□ Coacining □ Assistant (	Coaching	Name: Phone:	
_ I ISSISTANT			

**REFUNDS:** 

\$5.00 HANDLING FEE IF REQUEST FOR REFUND IS MADE BEFORE THE PROGRAM BEGINS 75% REFUND IF REQUEST FOR REFUND IS MADE AFTER  $1^{\rm ST}$  WEEK OF PROGRAM 50% REFUND IF REQUEST FOR REFUND IS MADE AFTER  $2^{\rm ND}$  WEEK OF PROGRAM 0% REFUND IF REQUEST FOR REFUND IS MADE AFTER  $3^{\rm RD}$  WEEK OF PROGRAM